TATEMENT OF DEFICIENCES AND PLAN OF CORRECTION NVS1212SNF NVS1212SNF IT OF S. TORREY PINES CARE CENTER STREET ADDRESS. CITY, STATE, 2IP CODE 1701 S. TORREY PINES CARE CENTER TORREY PINES CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES A BUILDING EXAMPLE PINES CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES A PENDIFERS PLAN OF CORRECTIVE AND CONSTRUCTIVE AND	Durant	of Linalth Comp Over	the and Compliance			4/13/10	accepted	PRINTED: FORM A	03/30/20 ⁻ APPROVE
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER STREET ADDRESS, CITY, STATE, 2/P CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146 PROVIDERS PLAN OF COMBECTMENT FECULATORY OR LOS DENTIFYING INFORMATION) PREFIX TAG Initial Comments 2 000 Initial Comments Complaint investigation conducted in your facility on 3/23/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024806 was substantiated with a deficiency cited. (See Tag Z 474) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. 2474 NAC 449.74539 Physical Environment 5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; or deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. The initiation of the foliage of the proper way to the initiation of the bousekeeping supports with a return demonstration. The Dis conducted finity who did not be survived to the proper way to the law the potential to be affected by conducted by the Disk, any restoring the survived was prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or focal laws to the proper survived was provided as a result of the pr	AND PLAN OF CORRECTION IDENTIFICATION			RICLIA (X2) MULTIPLE CONSTRUCTION AVAILABLER:		Cavanage			
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ACC 449.74539 Physical Environment SS=F S. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on interview, observation and document review, the facility failed to provide a sanitary environment in 6 of 6 rooms inspected (Rooms 202, 203, 206, 208, 210 and 220). 1. The mirrors located in the bathrooms for room Advantage residents who chose not to comply with the acceptable standard to do so. 3.) The housekeeping supervisor will monitor the housekeeping staff to ensure that policies and procedures to ensure a clean and comfortable environment is provided to all patients. The DNS will also conduct frequent rounding to ensure compliance with proper storage of urinals. 4.) This system will be monitored via frequent and thorough rounding of the Executive Director, the DNS, and the Housekeeping Supervisor. 5.) Date of completion 04/05/2010 In the mirrors located in the bathrooms for room Seficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. TITLE (X8) D	Z 000	This Statement of Deficiencies was a result of complaint investigation or your facility on 3/23/10, in accordant Nevada Administrative Code, Chap Facilities for Skilled Nursing. Complaint #NV00024806 was substated a deficiency cited. (See Tag Z 474) A Plan of Correction (POC) must be the POC must relate to the care of and prevent such occurrences in the intended completion dates and the established to assure ongoing combe included. Monitoring visits may be imposed to on-going compliance with regulator requirements. The findings and conclusions of amby the Health Division shall not be oprohibiting any criminal or civil investations or other claims for relief that available to any party under applications.		enerated as ducted in with 449, attiated with 449, attiated with abmitted. patients uture. The echanism(s) ance must as attions, and be efederal, at 2474 aintenance a sanitary, and by: locument anitary if (Rooms	Z 000	1.) Rooms 202, 203, 205, 208, 210, and 220 were thoroughly cleaned shortly after the exit confe with BHCQC surveyors this included removal calcium buildup on faucets, and thorough clea of the mirrors as identified in this SOD. Additionally the housekeeper identified as not following policy for floor cleaning, was removed the schedule and re-educated to the proper way to clean floors per policy and acceptable standards and required to provide the Housekeeping Supervisor with a return demonstration prior to returning to duties. Residents in rooms 210 and 220 had urinals removed and properly stored. 2.) All residents have the potential to be affected these practices. The Housekeeping supervisor ensured that policies and procedures identified the HSG Policy and Procedure manual are not place and adhered to. Additionally all rooms offices and common areas have been checked to ensure that Housekeeping has provided sent to maintain a sanitary, orderly and comfortable environment. Specifically, All housekeeping were re-educated on this policies for cleaning rooms and bathrooms and proper floor cleaning policy. All housekeeping personnel were required to provide the Housekeeping Supervisor with return demonstration. The DNS conducted fivide sweep of the facility to identify any resing who did not have urinals properly stowed. In addition to this initial facility-wide sweep conducted by the DNS, any resident identifier refused to properly stow their urinal were inferenced.		t conference emoval of gh cleaning I as not s removed he proper ptable ies. inals fected By pervisor has entified in are now in rooms, hecked ded services infortable eeping staff eaning cleaning ere required or with a ucted facility my residents yed. In eep entified who ere informed in This	y has in in ces taff gred cility ents
TITLE (X6) D	SS=F	5. Provide such hor services as are new orderly and comfor This Regulation is Based on interview review, the facility frenvironment in 6 of 202, 203, 206, 208			encourage res the acceptable 3.) The housekeeping procedures to environment will also cond compliance w 4.) This system w thorough rout DNS, and the 5.) Date of comp	sidents who chose not to destandard to do so estandard to do so eping supervisor will more staff to ensure that policity of ensure a clean and comfision provided to all patients duct frequent rounding to with proper storage of uring will be monitored via free nding of the Executive Destandance of the Housekeeping Supervisor of the Company of the Executive Destandance of the Executive Destan	to chose not to comply with to do so. ervisor will monitor the ensure that policies and clean and comfortable and to all patients. The DNS ent rounding to ensure a storage of urinals. Onitored via frequent and the Executive Director, the eping Supervisor.		
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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 4/5/	BORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESEN	TATIVE'S SIGN	IATURE 4	3/	Executive Direct	on 4	t/5/10

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Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING **NVS1212SNF** 03/23/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1701 S. TORREY PINES DRIVE **TORREY PINES CARE CENTER** LAS VEGAS, NV 89146 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Z474 Z474 Continued From page 1 202 and 206 contained a white substance all over RECEIVED the mirror. The mirrors were not cleaned per the facility policy. APR 0 7 2010 2. The bathroom faucets located in rooms 202, BUREAU OF LICENSURE AND CERTIFICATION LAS YEGAS, NEVADA 208, 210, and 220 were corroded and had a build up of calcium. 3. Urinals were observed on the bedside table, the bathroom sink or the bedside cabinet in rooms 210 and 220. 4. The bedrooms were mopped with plain water and no disinfectant was placed in the water in accordance with facility policy. Scope: 3 Severity: 2

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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